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Recommendation for funding for a short-duration country programme**

Iraq

Summary

The attached document contains a recommendation for funding from regular resources and other resources for the country programme in Iraq with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the allocation of $2,435,000 from regular resources, subject to the availability of funds, and $100,000 from other resources, subject to the availability of specific contributions, for 2001.

* E/ICEF/2000/14.

** The figures provided in the attached document are final and take into account changes in programme components in the mid-year review. They will be reviewed in the context of the annual discussion for regular resources and other resources programmable at the 2000 Annual Session.

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Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	10.6
U5MR (per 1,000 live births)	125
IMR (per 1,000 live births)	107
Underweight (% moderate and severe) (1998)	23
Maternal mortality rate (per 100,000 live births)	
Literacy (% male/female) (1995)	71/45
Primary school enrolment/attendance (% net, male/female) (1995–1996)	81/71, 88/80
Primary school children reaching grade 5 (%) (1998)	75
Access to safe water (%) (1998)	83
Routine EPI vaccines financed by Government (%)	70
GNP per capita ($US) (1997)	
One-year-olds fully immunized against:	
tuberculosis	76 per cent
diphtheria-pertussis-tetanus	86 per cent
measles	79 per cent
poliomyelitis	86 per cent
Pregnant women immunized against tetanus	45 per cent
Estimated year AIDS deaths	

The situation of children and women

1. Over the last decade, the infant mortality rate (IMR) and under-five mortality rate (U5MR) in Iraq have more than doubled to levels that now rank among the highest in the Middle East and North Africa region, making Iraq the only country in the region with rising U5MR trends. The 1999 child mortality survey, conducted in the 15 governorates of the south and centre of Iraq, showed a rise in U5MR from 56 to 131 per 1,000 live births from 1989 to 1999, and a high maternal mortality rate (MMR) of 294 per 100,000 live births. Child malnutrition rates have increased by more than 70 per cent. Child immunization coverage rates are still high, but measles and pertussis cases have increased over the 1990–1998 period, from 7,324 to 34,932 and from 488 to 1,045 cases, respectively. Sixty-six confirmed cases of polio were recorded in 1999, and the polio eradication goal remains elusive. Another area of concern is the low proportion of pregnant women immunized against tetanus (45 per cent), combined with the high proportion of home-based deliveries (65 and 61 per cent in the south and north, respectively). The current situation is in dramatic contrast to conditions that existed before the Gulf crisis, when free, high-quality public health and education systems contributed to much better social indicators.

2. The deteriorating and war-damaged infrastructure has reduced access to safe water to 90 and 83 per cent in urban and rural areas, respectively, from previous 1990 levels of 100 and 72 per cent. Compared to before the war, the daily per capita intake of safe clean water has decreased by one third in urban areas and by one half in rural areas. Water quality has deteriorated. The Ministry of Health and the World Health Organization (WHO) report the contaminating of 30 per cent of water samples in the southern governorates of Basrah and Thiqar, and an overall increase in water-borne diseases. The fatality rate for diarrhoeal diseases has increased fourfold. Sanitation is another serious concern, with an estimated 250 to 300 tons of untreated raw sewage discharged directly into rivers each day. Only 25 per cent of the population is now served by centralized sewerage systems.

3. The education sector is also in serious decline. Schools are not being maintained or repaired, and there

are severe shortages of basic school supplies, classroom furniture, textbooks and teaching aids. Lack of investment in teacher training and in teaching and learning materials has seriously affected the quality of education. An increasing number of qualified teachers are leaving the sector in search of better-paying jobs. These factors and economic hardship are pushing a growing number of children to leave school in order to work. School entry rates have dropped: only 67 per cent of six-year-old children were enrolled in 1999, compared to 88 and 87 per cent for boys and girls, respectively, in 1991.

4. The country's isolation and the "brain drain" during the last decade have taken a heavy toll on the availability of well-qualified staff in the social sectors, as well as on the capacity and motivation of counterpart institutions. The Government's ability to produce food, already weakened, has been dealt a further blow by the repeated droughts of 1999 and 2000.

5. Following ratification of the Convention on the Rights of the Child in 1994, Iraq submitted its first report to the Committee on the Rights of the Child in 1996. Iraq ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1986. The status of women in Iraq has traditionally been, and continues to be, high. An assessment of participation in decision-making by a group of Arab non-governmental organizations (NGOs), as part of preparations for the follow-up to the Fourth World Conference on Women, showed that Iraq was among the leading countries in the Middle East in terms of women's participation in Parliament.

6. Critical weaknesses have affected, and continue to affect, the implementation of the oil-for-food programme in south and central Iraq. Among them are the lack of a cash component for transportation and installation of supplies and for training; the short-term nature of the programme; and the reduced capacity for long-term planning in the social sectors. United Nations Security Council resolution 986 of April 1995, and the subsequent Memorandum of Understanding (MOU) signed by the Government and the United Nations, allowed a limited sale of Iraqi oil to pay for imports of food, medicine and other humanitarian supplies. Under the terms of the MOU, the 15 governorates of south and central Iraq are allocated 53 per cent of this revenue, and receive only supplies, and no cash component.

7. The United Nations system has the responsibility for implementing the programme in the three northern governorates of Iraq, which receive 13 per cent of oil revenues as both supplies and cash. The rest of the revenue goes to a fund created by Security Council resolution 705 of August 1991 (30 per cent), and to international bodies (4 per cent) for administrative costs, the management of the escrow account, and arms monitoring. In December 1999, the Security Council adopted resolution 1284. While some of its provisions, such as lifting the ceiling of oil sales and providing a cash component for south and central Iraq, have potential for improving the humanitarian situation, many political and technical issues will need to be resolved before the new resolution can be effectively implemented.

Programme cooperation, 1999-2000

8. Programme cooperation during the past two years has been based on three strategic priorities: the conduct of studies and assessments to monitor the impact of the situation on children and to contribute to UNICEF advocacy; the use of UNICEF regular and other resources to complement and supplement the oil-for-food programme by providing the critical cash required for the distribution of humanitarian supplies and their installation when required, and by supporting training and capacity-building; and support for service delivery to high-risk populations.

9. UNICEF support to training, micro-planning, logistics, social mobilization and vaccine supply (the last to fill gaps in the oil-for-food programme) helped to sustain immunization rates and to target high-risk districts for polio. The programme also supported training in safe motherhood and maternal health care; training of more than 3,000 health staff at central and peripheral levels in the control of diarrhoeal disease and acute respiratory infections; and a new training programme for nurses. During this period, UNICEF and WHO support also led to the adoption of the Integrated Management of Childhood Illnesses (IMCI) initiative in Iraq.

10. UNICEF has played a key role in assisting the Ministry of Health to tackle the problem of child malnutrition. With UNICEF support, an additional 882 community child care units (CCCUs) were established,

bringing the total to 2,182, and this number is expected to be exceeded by the end of 2000. During the first 11 months of 1999, the CCCUs screened a total of 1,014,172 children (40 per cent of the planned target population). In addition to providing high-protein biscuits and therapeutic milk to make up for the delay in oil-for-food programme supplies, UNICEF supported the training of CCCU volunteers and health staff in addressing malnutrition; provided for the transportation of all oil-for-food programme nutrition supplies; improved warehouse capacity for storing supplies at the governorate level; and assisted the Ministry of Health in establishing a comprehensive database for a nutrition information system.

11. Water and environmental sanitation (WES) services for approximately 6 million people were improved through rehabilitating water and sanitation infrastructure, which resulted in an increase in efficiency of systems by 10 to 35 per cent. UNICEF, in partnership with CARE International, supported the development of training materials, the training of 776 technicians and operators in all governorates, and the development of a computerized WES management information system, which is now being put in place. The Government and UNICEF are currently conducting a full assessment of the water and sanitation sector, which will lead to a strategic plan for efficient rehabilitation and sector development in the coming years.

12. Since 1997, UNICEF has supported rehabilitation or reconstruction of 300 primary schools, which has benefited at least 18,000 pupils in both urban and rural areas, and has had a positive impact on pupil attendance and morale. UNICEF supported teacher training and helped build the capacity of the Ministry of Education in planning and monitoring, through support to the decentralization of the computerized information system. UNICEF also supported the Education for All 2000 assessment and review, as lead agency.

13. The programme increased access to services for children with disabilities and for street and working children, and strengthened the institutional capacity of the Ministry of Labour and Social Affairs to manage and deliver these services. UNICEF provided material support to centres housing some 200 disabled children, and rehabilitated two other centres where street children were provided with facilities separate from juveniles in conflict with the law, which had not been the case before. Training of social workers was conducted in collaboration with *Enfants du monde*. UNICEF, with ministry support, assisted in a rapid appraisal of seven orphanages and institutions for street children, to enable better planning of future interventions. However, community-based rehabilitation for disabled children was not achieved as planned.

14. Successful UNICEF advocacy has drawn the attention of the international community and donors to the impact of the present situation on children and women in Iraq. The 1999 child and maternal mortality survey and the wide-ranging dissemination of its results were achievements in this regard. The programme also supported the reactivation of the Child Welfare Committee, which will be entrusted with the implementation and monitoring of the Convention on the Rights of the Child. UNICEF contributed to strengthening the national database and the capacity of the Central Statistical Organization (CSO) through training, regional information and experience exchange, as well as support to studies and surveys.

15. During the programme period, UNICEF discharged its responsibility under the oil-for-food programme. In the 15 central and southern governorates, UNICEF monitored the distribution of equipment and supplies purchased by the Government through the oil-for-food programme for the nutrition, water and sanitation and education sectors, and complemented in part the Government's lack of cash by using UNICEF programme funds for their distribution and installation. As of April 2000, a total of 8,483 field visits had been completed, monitoring $1 billion worth of supplies and equipment. In the three northern governorates, UNICEF was given the responsibility of planning, implementing and monitoring activities worth $305 million in the areas of health, nutrition, education, water and sanitation, and child protection.

Lessons learned from past cooperation

16. Given the cumulative impact of two wars and the continuing degradation in the social sectors, the objectives set for the 1999-2000 country programme (e.g., reduction by 20 per cent of child and maternal mortality) proved to be too ambitious. The resources allocated to the programme have contributed to addressing immediate needs, and at best have arrested

further degradation, but since UNICEF-supported interventions could not address the structural causes, a longer-term positive impact could not be ensured.

13. UNICEF comparative advantage throughout has been its country-level presence and ability to generate reliable information and analysis. Virtually all individuals and agencies (including Human Rights Watch, the International Committee of the Red Cross and members of the United States Congress) have used UNICEF statistics on mortality and malnutrition in advocating for Iraq's vulnerable groups. Successful surveys have also opened up avenues for further analysis of the situation of children, such as a second multiple indicator cluster survey (MICS) being conducted in 2000. A major achievement during the past cycle has been the shift towards addressing the quality of service delivery, while maintaining much-needed support to the physical rehabilitation of basic social infrastructure (schools, water and sewerage plants, Primary Health Centres). A case in point was the role of UNICEF in making a strategic change in the nutrition programme by including Primary Health Centres in the delivery of services and information, thereby increasing the coverage and quality of nutrition interventions.

Recommended programme cooperation, 2001

Estimated annual expenditure

(In thousands of United States dollars)

	Total
Regular resources	
Health	417
Nutrition	419
Water and sanitation	307
Education	362
Child protection	193
Advocacy	116
Planning and social statistics	95
Cross-sectoral costs	544
Subtotal	2 453
Other resources	
Health	3 215
Nutrition	1 809
Water and sanitation	1 808
Education	1 909
Child protection	1 306
Subtotal	**10 047**
Total	**12 500**

Country programme preparation process

18. The programme preparation process was the product of active and regular discussions with the Government, United Nations sister agencies and NGOs, focusing particularly on the concerns related to, and the complementarity between, the oil-for-food programme and UNICEF programme. The 2001 programme will permit a comprehensive 10-year review of UNICEF cooperation in Iraq to determine what has been achieved in the 1990s and to identify the future strategic role of UNICEF within a longer-term framework.

Country programme goals and objectives

19. In the present context in Iraq, it will not be possible to depart significantly from 1999-2000 programme objectives. Thus, UNICEF will continue to support government efforts to reduce infant and under-five mortality and maternal mortality; reduce malnutrition among young children; increase access to sufficient quantities of potable water and waste disposal facilities; and increase school enrolment and primary school completion. UNICEF support will also promote and enhance protection measures for children with special vulnerabilities, and support the Government in the follow-up to the observations and recommendations of the Committee on the Rights of the Child. The situation of Iraqi children will continue to be documented and used for advocacy and social sector planning.

Relation to national and international priorities

20. The ad-hoc nature of planning within the framework of the oil-for-food programme does not permit setting clear national priorities and goals. Sector reviews and various studies are expected to contribute to filling this gap. This effort will continue into 2001 so that planning for the next country programme will coincide with the Government's efforts to develop a comprehensive five-year plan.

Programme strategy

21. Country programme resources will continue to be used to complement the oil-for-food programme by providing critical cash for distribution and installation of humanitarian goods and supplies, and by supporting training and capacity-building, which will be used to improve service delivery and the quality of services. Support to the much-needed physical rehabilitation of social sector infrastructure will be continued. Intersectoral and geographic convergence between programmes will be promoted, at both national and local levels, with special attention to high-risk areas. Studies and assessments will continue to be used for monitoring and for advocacy.

22. *Health.* Polio eradication will remain a priority in 2001, with continued support to provision of vaccines (where there are gaps in the oil-for-food programme), manpower incentives, cold-chain equipment and logistics for two National Immunization Days, and social mobilization. WHO will continue supporting monitoring and surveillance. UNICEF regular resources will support activities to promote safe motherhood and neonatal health. Through both regular and other resources, UNICEF will continue to support integrated approaches to prevention and management of childhood illnesses and the strengthening of primary health care services. New interventions will be designed for neonatal care, adolescent health and community-based health and nutrition education.

23. *Nutrition.* UNICEF will continue to assist the Ministry of Health in implementing the Targeted Nutrition Programme through establishing nutrition rehabilitation units in oral rehydration therapy corners in all Primary Health Centres to address severe malnutrition; through expanding the role of the CCCUs in supporting public health activities and prevention measures; and through upgrading technical skills of staff in governorates to develop a team of trainers in nutrition. Provision of iron and folate supplements to pregnant and lactating mothers, and support to salt iodization, will continue.

24. *Water and sanitation.* Regular resources will be used to strengthen planning and monitoring capacities through support to the WES management information system. The design of low-cost pilot sanitation schemes will be explored. Access to clean water and sanitation will be increased through support to

rehabilitation of existing WES schemes using other resources and oil-for-food programme supplies.

25. *Education*. The education programme will continue to support long-term government efforts to restore primary school enrolment to pre-1991 levels, reduce high repetition and drop-out rates, and increase primary school completion rates with a special focus on girls. More attention will be given to addressing issues of quality, improving data collection at local level, upgrading teachers' skills, developing teaching and learning materials, and improving school teaching and learning environments. School rehabilitation will continue, based on available donor funding.

26. *Child protection*. Present support will continue with a shift, however, from physical rehabilitation to quality of services. The concept of community-based rehabilitation for children in need of special protection will be introduced. UNICEF will promote appropriate policies and legislative measures, and contribute to improving the capacity of the Ministry of Labour and Social Affairs.

27. *Advocacy*. Major efforts will focus on empowering families through communication programmes for behavioural change, with particular emphasis on promoting the role of children as agents for change within the family. UNICEF will continue its efforts to report on and disseminate information on the situation of children and women in Iraq, through published and Internet-based information resources, audio/visual material, and donor and media visits.

28. *Planning and social statistics*. This programme will continue efforts to build the capacity of civil society organizations to collect, analyse and publish data on social indicators for women and children, in a regular and timely manner.

Monitoring and evaluation

29. The main objectives of this area in the one-year programme will be to ensure timely and correct assessment of the situation of children and women in Iraq, to conduct regular programme reviews with counterparts, and to develop a full-fledged integrated monitoring and evaluation plan (IMEP) for the next cycle.

Collaboration with partners

30. Due to the particular situation of Iraq, there is no United Nations Development Assistance Framework (UNDAF) process. Coordination of United Nations agencies is the responsibility of the United Nations Office for the Coordination of Humanitarian Affairs. UNICEF will continue to collaborate with all United Nations agencies: with WHO in polio eradication and child health; with the World Food Programme in nutrition; and with the United Nations Development Programmme in programme coordination and in studies such as those for the *Human Development Report*. Partnership will continue with the relatively few NGOs that are present in the country. Collaboration with funding partners will be pursued both in the country and externally, since most donors have no in-country presence.

Programme management

31. Intersectoral oversight of the country programme of cooperation will be assured through regular programme reviews by the government steering committee, which is chaired by the Ministry of Health. The country office management team will meet regularly to monitor programme and management performance through the use of quality assurance indicators. An annual management review will also be conducted.

COUNTRY : IRAQ
PROGRAMME: 2001

PROGRAMME SECTION/AREA AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS (#)										COST (US$)		
	XB	FUR	NOR	TOTAL	D2/P7	D1/P6	P5	P4	P3	P2	P1	GS	NO	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
HEALTH	417,500			417,500	0	0	0	0	0	0	0	0	1	1	152,087	0	152,087
PLANNING AND SOCIAL STATISTICS	95,500			95,500	0	0	0	0	0	0	0	0	1	1	0	44,831	44,831
WATER AND SANITATION	307,000			307,000	0	0	0	0	0	0	0	0	0	0	0	0	0
NUTRITION	419,000			419,000	0	0	0	0	0	0	0	0	1	1	0	44,831	44,831
EDUCATION	562,000			562,000	0	0	0	0	0	0	0	0	1	1	0	34,438	34,438
ADVOCACY	156,000			156,000	0	0	0	0	0	0	0	0	1	1	0	34,438	34,438
CROSS-SECTORAL COSTS	344,000			344,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION	193,000			193,000	0	0	0	0	0	0	0	0	1	1	152,087	147,204	299,291
															0	0	0
TOTAL XB	2,453,000			2,453,000	0	0	0	0	0	0	0	0	5	5	304,174	303,744	607,918
OTHER RESOURCES :																	
HEALTH		0	3,215,000	3,215,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND SANITATION		0	1,808,000	1,808,000	0	0	0	1	0	0	0	0	1	1	0	191,196	191,196
NUTRITION		0	1,809,000	1,809,000	0	0	0	0	0	0	1	0	1	1	152,087	60,433	212,520
EDUCATION		0	1,939,000	1,939,000	0	0	0	0	0	0	1	0	1	1	198,253	58,694	256,948
CHILD PROTECTION		0	1,936,000	1,936,000	0	0	0	0	0	0	1	0	1	1	152,087	79,513	231,600
															0	89,909	89,909
TOTAL OR		0	10,947,000	10,947,000	0	0	1	1	0	0	4	0	6	11	502,426	479,745	1,086,171
TOTAL RR & OR	2,453,000	0	10,947,000	12,500,000	0	0	1	1	0	0	4	0	6	16	806,600	783,489	1,694,089
Staffing					0	0	1	1	0	0	2	0	6	10	0	0	0
GRAND TOTAL (XB + OR + SB)					0	0	1	1	0	0	2	0	11	15	806,600	783,489	1,694,089
Number of posts and staff costs: Current programme cycle					0	0	1	1	0	0	2	0	11	15	806,600	783,489	1,694,089
At the end of proposed programme cycle (indicative only)					0	0	1	1	0	0	2	0	11	15	806,600	783,489	1,694,089

XB = regular resources
OR = other resources
FUR = funded other resources
NOR = new other resources
IP = International Professional
NO = National Professional
GS = General Service
SB = Support budget

a/ Post level requirements of the funding source, subject to the country programme allocation.
b/ Excludes temporary professional and project.